Please type a plus sign (+) inside this box ->+						
UTILITY	Attorney Docket	No				
PATENT APPLICATION	Attorney Docket No. First Inventor		Howard Scatzo, et al.			
TRANSMITTAL	Title		ANTIMICROBIAL PACKAGED MEDICAL DEVICE AND			
(only for new nonprovisional applications under 37 CFR			METHOD OF PREPARING SAME			
1.53(b))	Express Mail Label No. EV086130742US					
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent applie	cation contents.	AUU	ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231			
1. X Fee Transmittal Form (e.g., PTC)/SB/17)	7. CD-ROM or CD-R in duplicate, large tabl or				
(submit an original and a duplicate for fee pr	ocessing)	Computer Program (Appendix)				
2. Applicant claims small entity sta	tus.) · · · · · · · · · · · · · · ·				
3. Specification [Total Pages 30] (Preferred arrangement set forth below)		8. Nucleotide and/or Amino Acid Sequence				
- Descriptive Title of the Invention		Submission (if applicable, all necessary)				
- Cross Reference to Related Applic			b. Specification Sequence Listing on:			
- Statement Regarding Fed sponsor			i. CD-ROM or CD-R (2 copies); or			
 Reference to sequence listing, a ta computer program listing appendix 			ii. ☐ paper			
- Background of the Invention	•	C.∟	c. Statement verifying identity of above copies			
- Brief Summary of the Invention			ACCOMPANYING APPLICATION PARTS			
- Brief Description of the Drawings (f filed)		Assignment Papers (cover sheet & document(s))			
- Detailed Description - Claim(s)		10. L	☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney			
- Abstract of the Disclosure		111 [(when there is an assignee) Benglish Translation Document (if applicable)			
			Information Disclosure Statement			
4. ☑ Drawing(s) <i>(35 USC 113)</i> [Total	Sheets1]	0:1-1	(IDS)/PTO-1449			
5. Oath or Declaration	Pages 3]	Citat	lons] Preliminary Amendment			
a. Newly executed (original or cop			14.☑ Return Receipt Postcard (MPEP 503)			
b. Copy from a prior application (3			(Should be specifically itemized)			
(for continuation/divisional with Box 18 completed)		15.	15. Certified Copy of Priority Document(s)			
i. DELETION OF INVENTOR(S)			(if foreign priority is claimed) 16. ☐ Request and Certifications under 35 U.S.C. 122			
Signed statement attached of inventor(s) named in the pri		(b)(2)(B)(i). Applicant must attach form				
see 37 CFR 1.63(d)(2) and 1.33(b).		PTO/SB/35 or its equivalent.				
_	• •	17. [Other Other			
6. Application Data Sheet. See 37 18. If a CONTINUING APPLICATION, check		y and	supply the requisite information below and in a			
preliminary amendment, or in an Applica	ation Data Sheet	under	37 CFR 1.76:			
			or application No.: 10/367,497, filed 2/15/2003.			
Prior application information: Examiner		p Art L				
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying						
continuation or divisional application and is hereby incorporated by reference. The incorporation can only be						
relied upon when a portion has been inadvertently omitted from the submitted application parts.						
19. CORRESPONDENCE ADDRESS ☑ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below						
Name: Philip S. Johnson, Esq.						
Address: Johnson & Johnson						
One Johnson & Johnson Plaza						
New Brunswick, NJ 08933-7003 USA						
20. TELEPHONE CONTACT						
Please direct all telephone calls or telefaxes to Blossom E. Loo at: Telephone: (732) 524-1596 Fax: (732) 524-2808						
21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED						
NAME Blossom E. Loo						
			17.0g. 140. 00000			
SIGNATURE Blowsom ED						
DATE June 25, 2003						

FEE TRANSMITTAL

Complete if Known				
Application Number				
Filing Date	June 25, 2003			
First Named Inventor	Howard Scalzo, et al.			
Group Art Unit				
Examiner Name				
Attorney Docket Number	ETH1690CIP			

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	19 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	7 - 3 =	4	x 84.00	\$ 336.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$280.00	
		TOTAL FEES	\$1,086.00	

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/ETH1690CIP/BEL in the amount of \$1,086.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ETH1690CIP/BEL. Three copies of this sheet are enclosed.

SUBMITTED BY:			Complete (if applicable)
Typed or Printed Name	Blossom E. Loo		Reg. No. 36,858
Signature	Blasom & Fr	Date: 6/25/2003	Deposit Account No. 10-0750

DOCKET NO. ETH1690CIP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Howard Scalzo, et al.

For : ANTIMICROBIAL PACKAGED MEDICAL DEVICE AND METHOD OF

PREPARING SAME

EXPRESS MAIL CERTIFICATE

"Express Mail" mailing number: EV086130742US

Date of Deposit:

June 25, 2003

I hereby certify that this complete Continuation-In-Part Application, including Specification Pages, Claims, Informal Drawing, Declaration and Power of Attorney, and Assignment and Cover, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313.

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)